

SEEC FORM 20

Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Rev. 1/08



Electronic Filing

Office Use Only

Page 1 of 31

SUMMARY PAGE

1. NAME OF COMMITTEE				
Connecticut Citizen Action Group State PAC				
2. TREASURER NAME				
Title	First Steven	MI E.	Last Derby	Suffix
3. TREASURER ADDRESS				
Street Address 54 WHITE AVE		City WETS HARTFORD	State CT	Zip Code 06119
4. ELECTION DATE	5. OFFICE SOUGHT (if applicable)			6. DISTRICT CODE (if applicable)
7. CANDIDATE NAME				
Title	First	MI	Last	Suffix
8. TYPE OF REPORT				
January 10 Filing - Original				
9. PERIOD COVERED				
Beginning Date Ending Date				
10/22/2008 thru 12/31/2008				
10. CERTIFICATION				
<input checked="" type="checkbox"/> I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.				
Electronic Filing SIGNATURE	JUDITH MASLEN PRINT NAME OF THE SIGNER		01/09/2009 DATE CERTIFIED	
PENALTY FOR FALSE STATEMENT IS PUNISHABLE BY FINE NOT TO EXCEED \$1,000, OR IMPRISONMENT FOR NOT MORE THAN ONE YEAR, OR BOTH.				

SEEC FORM 20

Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Rev. 1/08

**SUMMARY PAGE
TOTALS**

NAME OF COMMITTEE	FILING DUE DATE	
Connecticut Citizen Action Group State PAC	Original 01/12/2009	
	COLUMN A This Period	COLUMN B Aggregate
11. Balance on hand January 1 of current year for Ongoing and Party Committees OR Balance on hand from day Committee was formed for all other		\$353.04
12. Balance on hand at the beginning of Reporting Period	\$1,204.53	
13. Contributions received from Individuals (Section A and B)	\$540.00	\$2,682.50
14. Receipts from Other Committees (Sections C1 + C2)	\$0.00	\$540.00
15. Other Monetary Receipts (Section D-K)	\$0.00	\$0.00
16a. Total Small Food and Beverage Receipts at Fair (Section L1)	\$0.00	\$0.00
16b. Total Proceeds from Small purchases at Tag Sales, Auctions or Other Sales (Section L2)	\$0.00	\$0.00
16c. Total Purchases of Advertising in a Program Book (Section L3)	\$0.00	\$0.00
17. Total Monetary Receipts (add totals for lines 13-16c)	\$540.00	\$3,222.50
18. Subtotals (add totals in line 12 + line 17 in Column A and in line 11 + 17 in Column B)	\$1,744.53	\$3,575.54
19. Expenses Paid by Committee (Section P)	\$1,318.12	\$3,149.13
20. Balance on hand at close of Reporting Period (Subtract line 19 from line 18)	\$426.41	\$426.41
21. In-Kind Donations not Considered Contributions Received (Section L4)	\$0.00	\$0.00
22. In-Kind Contributions Received (Section M)	\$0.00	\$0.00
23. Refundable Deposit to Telephone Company (Section N)	\$0.00	\$0.00
24. Receipts of Organization Expenditures (Section O)	\$0.00	\$0.00
25. Beginning Loan Balance	\$4,500.00	\$4,500.00
25a. + Loans Received (Section D)	\$0.00	\$5,050.00
25b. + Interest and Penalties on Loan(s)	\$0.00	\$0.00
25c. - Payments on Loan(s)	\$1,000.00	\$1,550.00
25d. Total Outstanding Loan Amount	\$3,500.00	\$3,500.00
26. Campaign Expenses Paid By Candidate (Section Q)	\$0.00	\$0.00
27. Expenses Incurred on Committee Credit Card (Section R)	\$0.00	\$0.00
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	\$0.00	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	\$0.00	

I. MONETARY RECEIPTS (Section A-K)

I. MONETARY RECEIPTS (Section A-K)							
NAME OF COMMITTEE						FILING DUE DATE	
Connecticut Citizen Action Group State PAC						Original 01/12/2009	
A. Total Contributions from Small Contributors-Received this Period ONLY							
(See instructions for definition of Small Contributor)					Subtotal Section		
					\$0.00		
B. Itemized Contributions from Individuals							
Last Name Harmon		First Name John		MI	Name of Employer CCSU		Amount of Contribution
Residential Street Address 16 White Ave		City WEST HARTFORD		State CT	Zip Code 06119	Principal Occupation Professor	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:					
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Executive Legislative					
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order					Date Received 11/21/2008	Aggregate Contribution \$390.00	\$50.00
Last Name Ashton		First Name Paul		MI	Name of Employer St of CT		Amount of Contribution
Residential Street Address 170 North St		City WILLIMANTIC		State CT	Zip Code 06226	Principal Occupation Case	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:					
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Executive Legislative					
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order					Date Received 11/21/2008	Aggregate Contribution \$175.00	\$25.00
Last Name Abelow		First Name Geraldine		MI	Name of Employer none		Amount of Contribution
Residential Street Address 291 Compo Rd. S		City WESTPORT		State CT	Zip Code 06880	Principal Occupation retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:					
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Executive Legislative					
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order					Date Received 11/21/2008	Aggregate Contribution \$160.00	\$20.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	FILING DUE DATE
Connecticut Citizen Action Group State PAC	Original 01/12/2009

B. Itemized Contributions from Individuals

Last Name Livingston		First Name Daniel		MI E	Name of Employer Livingston, Adler, Pulda et al			Amount of Contribution
Residential Street Address 191 Warrenton Ave		City WEST HARTFORD		State CT	Zip Code 06119	Principal Occupation Attorney		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order					Date Received 11/21/2008	Aggregate Contribution \$215.00	\$55.00	
Last Name Traugh		First Name Kathi		MI J	Name of Employer Yale Univ			Amount of Contribution
Residential Street Address 401 Boston Post Rd		City MADISON		State CT	Zip Code 06443	Principal Occupation Mgr		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order					Date Received 11/21/2008	Aggregate Contribution \$200.00	\$50.00	
Last Name Simoes		First Name Leslie		MI M	Name of Employer			Amount of Contribution
Residential Street Address 217 Raymond Rd		City WEST HARTFORD		State CT	Zip Code 06107	Principal Occupation		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order					Date Received 12/01/2008	Aggregate Contribution \$100.00	\$25.00	

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	FILING DUE DATE
Connecticut Citizen Action Group State PAC	Original 01/12/2009

B. Itemized Contributions from Individuals

Last Name Bender		First Name Steven		MI	Name of Employer		Amount of Contribution
Residential Street Address 90 Main St		City VERNON		State CT	Zip Code 06066	Principal Occupation	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order					Date Received 12/22/2008	Aggregate Contribution \$100.00	
							\$10.00
Last Name Abelow		First Name Geraldine		MI	Name of Employer none		Amount of Contribution
Residential Street Address 291 Compo Rd. S		City WESTPORT		State CT	Zip Code 06880	Principal Occupation retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order					Date Received 12/22/2008	Aggregate Contribution \$180.00	
							\$20.00
Last Name Ashton		First Name Paul		MI	Name of Employer State of CT		Amount of Contribution
Residential Street Address 170 North St		City WILLIMANTIC		State CT	Zip Code 06226	Principal Occupation Case Mgr	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order					Date Received 12/22/2008	Aggregate Contribution \$200.00	
							\$25.00

I. MONETARY RECEIPTS (Section A-I)					
NAME OF COMMITTEE					FILING DUE DATE
Connecticut Citizen Action Group State PAC					Original 01/12/2009
C1. Contributions from Other Committees					
Name of Committee				Name of Treasurer	
Address		Is this contribution associated with a fundraising event listed in Section L1? <div> Yes If yes, list Event # No </div>			Amount of Contribution
City	State	Zip Code	Date Received	Aggregate Contributions	
Total of Section C1					

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Connecticut Citizen Action Group State PAC	Original 01/12/2009

C2. Reimbursements. Payments. or Surplus Distributions from other Committees

Name of Committee			Name of Treasurer	
Address			Date Received	Amount of Receipt
City	State	Zip Code	Reimbursement for shared expense Payment for goods and services Surplus Distribution	

Total of Section C2				
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I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	FILING DUE DATE
Connecticut Citizen Action Group State PAC	Original 01/12/2009

D. Loans Received this Period

Name of Lender				Source of Loan: Bank Candidate Individual Other Committee	Is there a cosigner or Guarantor of this loan? Yes No	Amount Received
Street Address	City	State	Zip Code			
Name of Cosigner/Guarantor						
Street Address	City	State	Zip Code			
				Date Received		

Total of Section D

I. MONETARY RECEIPTS (Section A-K)				
NAME OF COMMITTEE				FILING DUE DATE
Connecticut Citizen Action Group State PAC				Original 01/12/2009
E. Receipts from Entities other than Individuals or Other Committees (<i>Referendum Committees ONLY</i>)				
Name				
Street Address			Date Received	Amount Received
City	State	Zip Code	Aggregate Contributions	
Total of Section E				

I. MONETARY RECEIPTS (Section A-I)		
NAME OF COMMITTEE		FILING DUE DATE
Connecticut Citizen Action Group State PAC		Original 01/12/2009
F. Amount Transferred from Affiliated Business Treasury (<i>Business Entity Committees ONLY</i>)		
Is this transaction associated with a fundraising event listed in Section L1? Yes No If yes, list Event #	Date of Receipt	Amount
Total of Section F		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Connecticut Citizen Action Group State PAC	Original 01/12/2009

G. Amount Transferred from Affiliated Labor Union or Other Organization Treasury (*Organization Committees ONLY*)

Date of Receipt	Amount

Total of Section G

I. MONETARY RECEIPTS (Section A-K)		
NAME OF COMMITTEE		FILING DUE DATE
Connecticut Citizen Action Group State PAC		Original 01/12/2009
H. Personal Funds of the Candidate Received this Period (<i>Candidate Committees ONLY</i>)		
Date Received	Amount	Method of Payment Cash Personal Check Credit/Debit Card
Total of Section H		

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE

FILING DUE DATE

Connecticut Citizen Action Group State PAC

Original 01/12/2009

I. Anonymous Contributions

Date Received

\$ 1 bills

\$ 5 bills

\$ 10 bill

coins

Amount

Total of Section I

I. Monetary Receipts (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Connecticut Citizen Action Group State PAC	Original 01/12/2009

J. Interest from Deposits in Authorized Accounts

Name of Institution	Date Received			Amount Received
Street Address	City	State	Zip Code	
Total of Section J				

I. MONETARY RECEIPTS (Section A-K)					
NAME OF COMMITTEE				FILING DUE DATE	
Connecticut Citizen Action Group State PAC				Original 01/12/2009	
K. Miscellaneous Monetary Receipts not Considered Contributions					
Name			Date of Transaction		Amount Received
Street Address	City	State	Zip Code		
Description					
Total of Section K					

II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE				FILING DUE DATE	
Connecticut Citizen Action Group State PAC				Original 01/12/2009	
L1. Fundraiser Event Information					
Fundraising Event # Date of Fundraiser	Description Letter	Location: Street Address	City	State	Zip Code
<i>Subpart 1: (All Committees)</i>					
Was this fundraising event hosted at a personal residence?			Yes	No	<i>If yes, go to Section L4</i>
Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$50?			Yes	No	<i>If yes, go to Section L4</i>
Was this fundraiser a tag sale, auction, or other sale of donated items?			Yes	No	<i>If yes, go to Section L2</i>
<i>Subpart 2: (Town Committees and Municipal Candidate Committees ONLY)</i>					
Were there purchases of advertising space in a program book associated with this fundraiser?			Yes	No	<i>If yes, go to Section L3</i>
<i>Subpart 3: (Town Committees ONLY)</i>					
Did your committee sell food or beverage at a fair or similar mass gathering held within the state?			Yes	No	<i>If yes, enter Total Receipts from small purchases</i>
Total of Section L1					

II. FUNDRAISING EVENT ACTIVITY							
NAME OF COMMITTEE						FILING DUE DATE	
Connecticut Citizen Action Group State PAC						Original 01/12/2009	
L2. Proceeds from Tag Sale, Auction, or Other Sale of Donated Items							
Name of the Purchaser <i>(Individuals ONLY)</i> Last Name		First Name		MI	Method of payment: Cash Personal Check Credit/Debit Card		Aggregate Amount of Purchases
Residential Street Address		City		State	Zip Code	Date Received Event #	
Items Purchased							
Total of Section L2							

II. FUNDRAISING EVENT ACTIVITY						
NAME OF COMMITTEE					FILING DUE DATE	
Connecticut Citizen Action Group State PAC					Original 01/12/2009	
L3. Purchases of Advertising in a Program Book (<i>Municipal Candidate and Town Committees ONLY</i>)						
Name of Purchaser			for All Events		Business Entity	
					<div>Yes</div> <div>No</div>	
Event #		Date Received		Amount of Purchase		
Street Address		City		State	Zip Code	Aggregate Purchases for All Events
Total of Section L3						

II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE	FILING DUE DATE
Connecticut Citizen Action Group State PAC	Original 01/12/2009

L4. In-Kind Donations Not Considered Contributions

Name of the Donor				Donation given by:	Fair Market Value of Donation
				Individual Business Entity	
Street Address	City	State	Zip Code	Aggregate value for this event	
Description of Donation		Date Received		Event #	

Total of Section L4	
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III. NONMONETARY RECEIPTS

NAME OF COMMITTEE

FILING DUE DATE

Connecticut Citizen Action Group State PAC

Original 01/12/2009

M. In-Kind Contributions

Name				Type of Contributor: Individual Committee Other	Fair Market Value of this Contribution
Street Address		City			
State	Zip Code	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more	Yes No	Date Received	
Is Contributor a lobbyist, spouse, or dependent child of a lobbyist?		Yes No	Yes No		
Is this contribution associated with a fundraising event listed in Section J1?		Yes No	Description of In-Kind Contribution	Aggregate contributions	
If yes, list Event#					
Total of Section M					

III. NONMONETARY RECEIPTS

NAME OF COMMITTEE					FILING DUE DATE	
Connecticut Citizen Action Group State PAC					Original 01/12/2009	
N. Refundable Deposit to Telephone Company						
Last Name (Individuals Only)	First Name			MI	Date Received	Amount of Deposit
Residential Street Address	City	State	Zip Code			
Name of Telephone company						
Street Address	City	State	Zip Code			
Total of Section N						

III. NONMONETARY RECEIPTS

NAME OF COMMITTEE				FILING DUE DATE	
Connecticut Citizen Action Group State PAC				Original 01/12/2009	
O. Non-Monetary Receipts of Organization Expenditures Made By Legislative Leadership, Legislative Caucus, and Party Committee					
Name of Committee			Name of Treasurer		
Street Address			Date Notice Received		Fair Market Value of Donation
City	State	Zip Code	Aggregate Donations		
Description of Donation		Purpose of Expenditure A B C D E			
Total of Section O					

IV. EXPENDITURES

NAME OF COMMITTEE										FILING DUE DATE	
Connecticut Citizen Action Group State PAC										Original 01/12/2009	
P. Expenses Paid By Committee											
Name of Payee						Date of Payment		Method of Payment		Amount	
Global Payments						11/04/2008		<input type="checkbox"/> Check #			
Street Address			City		State	Zip Code	Purpose of Expenditure (bv code)	<input checked="" type="checkbox"/> Debit Card			
10705 Red Run Blvd			OWINGS MILLS		MD	21117	BNK				
Description										Event #	
credit card merchant deposit fee											
Type of Expenditure (if applicable)			Candidate(s) Name			Office Sought			<input type="checkbox"/> Supported		
<input type="checkbox"/> Coordinated with reimbursement sought			(if applicable)						<input type="checkbox"/> Opposed		
<input type="checkbox"/> Coordinated without reimbursement sought											
<input type="checkbox"/> Independent											
<input type="checkbox"/> Organization (see Instructions)											
<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E									\$46.65		
Name of Payee						Date of Payment		Method of Payment		Amount	
Judith Maslen						11/07/2008		<input checked="" type="checkbox"/> Check # 1236			
Street Address			City		State	Zip Code	Purpose of Expenditure (bv code)	<input type="checkbox"/> Debit Card			
140 Huyshope Ave			HARTFORD		CT	06106	OVHD				
Description										Event #	
bookkeeping services											
Type of Expenditure (if applicable)			Candidate(s) Name			Office Sought			<input type="checkbox"/> Supported		
<input type="checkbox"/> Coordinated with reimbursement sought			(if applicable)						<input type="checkbox"/> Opposed		
<input type="checkbox"/> Coordinated without reimbursement sought											
<input type="checkbox"/> Independent											
<input type="checkbox"/> Organization (see Instructions)											
<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E									\$199.50		
Name of Payee						Date of Payment		Method of Payment		Amount	
Webster Bank						11/17/2008		<input type="checkbox"/> Check #			
Street Address			City		State	Zip Code	Purpose of Expenditure (bv code)	<input checked="" type="checkbox"/> Debit Card			
1 Webster Plaza			WATERBURY		CT	06720	BNK				
Description										Event #	
Type of Expenditure (if applicable)			Candidate(s) Name			Office Sought			<input type="checkbox"/> Supported		
<input type="checkbox"/> Coordinated with reimbursement sought			(if applicable)						<input type="checkbox"/> Opposed		
<input type="checkbox"/> Coordinated without reimbursement sought											
<input type="checkbox"/> Independent											
<input type="checkbox"/> Organization (see Instructions)											
<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E									\$12.00		

IV. EXPENDITURES

NAME OF COMMITTEE

FILING DUE DATE

Connecticut Citizen Action Group State PAC

Original 01/12/2009

P. Expenses Paid By Committee

Name of Payee Global Payments						Date of Payment 12/04/2008	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card		Amount \$47.97
Street Address 10705 Red Run Blvd			City OWINGS MILLS		State MD	Zip Code 21117	Purpose of Expenditure (bv code) BNK		
Description credit card merchant deposit fee								Event #	
Type of Expenditure (<i>if applicable</i>) <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (<i>see Instructions</i>) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E				Candidate(s) Name (if applicable)					Office Sought <input type="checkbox"/> Supported <input type="checkbox"/> Opposed

[illegible]

Name of Payee Steven Derby				Date of Payment 12/31/2008		Method of Payment <input checked="" type="checkbox"/> Check # 1237 <input type="checkbox"/> Debit Card		Amount \$1,000.00
Street Address 54 White Ave		City WEST HARTFORD		State CT	Zip Code 06119	Purpose of Expenditure (by code) LOAN		
Description							Event #	
Type of Expenditure <i>(if applicable)</i> <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <i>(see Instructions)</i> <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E				Candidate(s) Name (if applicable)				Office Sought <input type="checkbox"/> Supported <input type="checkbox"/> Opposed

Total of Section P

\$1,318.12

IV. EXPENDITURES

NAME OF COMMITTEE					FILING DUE DATE		
Connecticut Citizen Action Group State PAC					Original 01/12/2009		
Q. Campaign Expenses Paid By Candidate							
Name of Payee (Name of Vendor who candidate paid directly)			Date of Payment		Purpose of Expenditure (by code)	Is Reimbursement Claimed? Yes No	Amount
Street Address		City		State	Zip Code	Event #	
Description							
Total of Section Q							

IV. EXPENDITURES

NAME OF COMMITTEE					FILING DUE DATE	
Connecticut Citizen Action Group State PAC					Original 01/12/2009	
R. Expenses Incurred on Committee Credit Card						
Name of Issuing Institution			Type of Credit Card: Visa Master Card Discover American Express Other			
Name of Vendor			Purpose of Expenditure (by code)		Date of Transaction	Amount
Street Address	City		State	Zip Code	Event #	
Description						
Total of Section R						

IV. EXPENDITURES

NAME OF COMMITTEE					FILING DUE DATE	
Connecticut Citizen Action Group State PAC					Original 01/12/2009	
S. Expenses Incurred By Committee but Not Paid During this Period						
Name of Creditor				Event #	Date Incurred	Amount Incurred (Estimate or Actual)
Street Address	City	State	Zip Code	Purpose of Expenditure (by code)		
Description						
Type of Expenditure (if applicable)		Candidate(s) Name (if applicable)		Office Sought	Supported Opposed	
Coordinated with reimbursement sought Coordinated without reimbursement sought Independent Organization (see Instructions) A B C D E						
Total of Section S						

IV. EXPENDITURES

IV. EXPENDITURES					
NAME OF COMMITTEE					FILING DUE DATE
Connecticut Citizen Action Group State PAC					Original 01/12/2009
T. Itemization of Reimbursements to Committee Workers and Consultants					
Name of Worker/Consultant			Date of Payment	Method of Payment	
				Check #	
Secondary Payee			Purpose of Expenditure	Debit Card	
Street Address		City		State	Zip Code
Description					
Type of Expenditure (<i>if applicable</i>)		Other Candidate(s) Name		Office Sought	Supported
Coordinated with reimbursement sought					Opposed
Coordinated without reimbursement sought					
Independent					
Organization (<i>see Instructions</i>)					
A	B	C	D	E	
Total of Section T					